

APPLICATION DATA SHEET

Application Information

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| Application Type:: | Regular |
| Subject Matter:: | Utility |
| Suggested Classification:: | None |
| Suggested Group Art Unit:: | None |
| CD-ROM or CD-R? | None |
| Title:: | TREATMENT OF INFLAMMATORY DISORDERS WITH 2,3- BENZODIAZEPINES |
| Attorney Docket Number:: | 18184-0002 CII |
| Request for Early Publication? | No |
| Request for Non-Publication? | No |
| Suggested Drawing Figure? | 1 |
| Total Drawing Sheets:: | 3 |
| Small Entity:: | Yes |
| Petition included? | No |
| Secrecy Order in Parent Appl.? | No |

Applicant One Information

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|-------------------------------|---------------|
| Applicant Authority type:: | Inventor |
| Primary Citizenship Country:: | USA |
| Status:: | Full Capacity |
| Given Name: | Robert F. |

| | |
|--|----------------|
| Family Name:: | Kucharik |
| City of Residence:: | Glenmoore |
| State or Province of Residence:: | PA |
| Country of Residence:: | USA |
| Street of mailing address:: | 1 Ashlea Drive |
| City of mailing address:: | Glenmoore |
| State or Province of mailing address:: | PA |
| Postal or Zip Code of Mailing Address | 19343 |

Applicant Two Information

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|--|-------------------|
| Applicant Authority type:: | Inventor |
| Primary Citizenship Country:: | USA |
| Status:: | full capacity |
| Given Name:: | Herbert W. |
| Family Name:: | Harris |
| City of Residence:: | Merion |
| State or Province of Residence:: | PA |
| Country of Residence:: | USA |
| Street of mailing address:: | 121 Glenwood Road |
| City of mailing address:: | Merion |
| State or Province of mailing address:: | PA |
| Postal or Zip Code of Mailing Address | 19066 |

Domestic Priority Information

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|-----------------------|-------------------------|---------------------------|----------------------|
| Application:: | Continuity Type: | Parent Application:: | Parent Filing Date:: |
| | | | |
| This Application is a | Continuation-in-Part of | Nonprovisional 10/309,573 | December 3, 2002 |

Representative Information

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|----------------------------------|------------------|
| Representative Customer Number:: | 23973 |
| Representative Contact:: | Daniel A. Monaco |
| Contact Number:: | (215) 988-3312 |

Assignee Information

Assignee name:: Vela Pharmaceuticals, Inc.

Street of mailing address:: 3131 Princeton Pike

Street of mailing address:: Building 4, Suite 216

City of mailing address:: Lawrenceville

State of mailing address NJ

Country of mailing address:: United States of America

Postal or Zip Code of mailing address:: 08648